
From: Brad Madrid [brad.madrid@pharmsmgmt.com]
Sent: 8/31/2015 10:16:18 PM
To: incechris@hotmail.com
Subject: FW: Dr. Ince Scripts
Attachments: WALTON BRIAN LIDO.PDF; WALTON BRIAN SILA.PDF; WALTON EMILY LIDO.PDF; WALTON EMILY SILA.PDF; WALTON MICHELLE LIDO.PDF; WALTON MICHELLE SILA.PDF

Dr Ince,

Here is the second e-mail.

Thank You

Brad Madrid
Marketing Associate
o: 713-325-2315 | c: 925-285-0659 | f: 855-388-5588
Pharms LLC | 4916 Main Street, Suite 110 | Houston, TX 77002



From: Brad Madrid
Sent: Monday, August 31, 2015 3:25 PM
To: 'incechris@hotmail.com'
Subject: Dr. Ince Scripts

Dr. Ince,

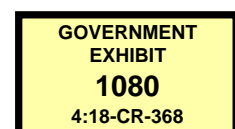
My name is Brad Madrid and I work with Brian Swiencinski. We are now offering products that may be covered by your patient's insurance plan where in the past they may have been denied.

Attached you will find prescriptions for our alternative products that are now covered by these certain patient's insurance plan. If you would like these patients to receive their medication, please sign and date the scripts and fax back to 855-325-3500.

Please let me know if you have any questions.

Thank you,

Brad Madrid
Marketing Associate
o: 713-325-2315 | c: 925-285-0659 | f: 855-388-5588
Pharms LLC | 4916 Main Street, Suite 110 | Houston, TX 77002



DOJ-SMUBSSB-0000006947
DOJ-SMUBSSB-0000006947-1

Lidocin / Rexaphenac / Voltaren

Patient BRIAN WALTON		DOB [REDACTED]	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

Lidocin☒ **Lidocin****Strength:** Lidocaine 3%**SIG:** Apply 1-2 pumps to affected area 3-4 times daily.**Qty.:** 240 gms**Refills:** 12**Rexaphenac Kit**☐ **Rexaphenac Kit****Strength:** Diclofenac..... 1%**SIG:** Apply 1 pump to affected area up to 4 times daily.**Qty.:** 120 gms**Refills:** _____**Voltaren**☐ **Voltaren Gel****Strength:** Voltaren Gel 1%**SIG:** Apply to affected area 3-4 times daily.**Qty.:** 100 gms**Refills:** _____☐ **Other** _____

Prescriber Name: CHRISTOPHER INCE MD **NPI #:** _____

Lic. #: _____ **DEA#:** _____ **Phone #:** 817 328 1010 **Fax#:** _____

Address: _____

Signature (Note: Manual Signature Required for CS): _____ **Date:** 8/31/15

PATIENT		DOB		LAST 4 DIGITS OF SSN	
BRIAN WALTON					
Home Phone			Cell Phone		
Address					
City			State	Zip	
Allergies					
Diag.					

Insurance info	
Carrier:	
Bin#	PCN#
Group #	
Member ID #	
Workers Comp	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOI	Claim #

PAIN-TRANSDERMAL**Any added controlled substances must be handwritten.****PAIN-TOPICAL****NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine2.5%
Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

NCP-9: Neuropathic & Chronic Pain

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%
Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

GPI-2: General Pain / Inflammation

Flurbiprofen20%
 Cyclobenzaprine 2%
 Baclofen 2%
Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

Reme-D

Topiramate2.5%
 Celecoxib 2%
 Gabapentin 5%
 Lidocaine 2%
 Duloxetine1.2%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

Renovo Pain Patch

Menthol 5%
 Capsaicin 0.0375%
SIG: Apply 1 patch to affected area 1-2 times daily as needed.
Qty: ☐ 30 count
☐ 60 count
☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

Camphomex Topical Spray

Menthol 10%
 Camphor 4%
 Histamine 0.025%
SIG: Apply 1-2 sprays, 3-4 times per day PRN pain
Qty: 240 gm
Refills: ☐ 3 ☐ 6 ☐ 12 _____

DERMATOLOGICAL**DERM-2: Topical Anti Fungal Cream**

Fluticasone1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm
☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

DERM-7: Plantar Fasciitis

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil
 Hydrochloride10%
Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

SCAR**Dermacin Rx SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm 0.1%
 Dermacin Rx Skin Repair Complex (Dimethicone) 5%
 Silicone Tape
SIG: Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.
Qty: 1 pack
Refills: ☐ 3 ☐ 6 ☐ 12 _____

Scar (transdermal)

Fluticasone1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
For painful scars, add:
 Prilocaine 3%
 Gabapentin 15%
For elasticity, add:
 Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

SPECIALTY**MGL-1A: Migraine**

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen10%
 Apomorphine 0.2%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm
☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

SCALP CARE - 3 Hair Solution

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Tretinoin 0.01%
For women:
 (No Finasteride)
SIG: Apply up to 2 mls to scalp 2 times a day
Qty: ☐ 120 ml
☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

GENERAL WELLNESS**Super-SB: General Wellness**

SB-1: 5-MTHF 500 mcg
 Alpha Lipoic Acid250 mg
 Coenzyme Q10100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E100 mg
 Glutathione100 mg
SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 _____
SB-2: Resveratrol Powder100 mg
 Pyridoxal-5-Phosphate ... 25 mg
 Beta Carotene 2,500 IU
SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules
Refills: ☐ 3 ☐ 6 ☐ 12 _____

METABOLIC SUPPLEMENTS**INSOMNIA****KP-1: Insomnia**

Melatonin 3 mg
 Methylcobalamin 5 mg
 N-Acetylcysteine 125 mg
 Glutathione 50 mg
 Diphenhydramine 20 mg
 5-HTP 150 mg
SIG: Take 1 capsule by mouth once daily at bedtime
Qty: 30 capsules
Refills: ☐ 3 ☐ 6 ☐ 12 _____

DIET SUPPLEMENT**ADP-6**

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidophilus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg
SIG: Take 1 capsule in the morning as directed
Qty: 30 capsules
Refills: ☐ 3 ☐ 6 ☐ 12 _____

BONE HEALTH**BH: Bone Health**

BH-1: Vitamin D3 5,000 IU
 Magnesium Oxide 200 mg
 Zinc Gluconate 69.6 mg
 Copper Gluconate 7.14 mg
 Boron 1 mg
 Betaine Anhydrous 25 mg
 Pyridoxal-5-Phosphate 70 mg
 Boswellia Serrata 200 mg
SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 _____
BH-2: Resveratrol 20 mg
 Calcium Gluconate 500 mg
 Coenzyme Q10 100 mg
 5-Methyltetrahydrofolate 500 mcg
SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 _____

☐ Other _____**Prescriber Name:** CHRISTOPHER INCE**NPI #:** _____**Lic. #:** _____**DEA#:** _____**Phone #:** 817 328 1010**Fax#:** _____**Address:** _____**Signature (Note: Manual Signature Required for CS):** _____**Date:** 8/31/15

Lidocin / Rexaphenac / Voltaren

Patient		DOB	
EMILY WALTON			
Home Phone	Cell Phone		
Address			
City	State	Zip	
Allergies			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

Lidocin☒ **Lidocin****Strength:** Lidocaine 3%**SIG:** Apply 1-2 pumps to affected area 3-4 times daily.**Qty.:** 240 gms**Refills:** 12**Rexaphenac Kit**☐ **Rexaphenac Kit****Strength:** Diclofenac..... 1%**SIG:** Apply 1 pump to affected area up to 4 times daily.**Qty.:** 120 gms**Refills:** _____**Voltaren**☐ **Voltaren Gel****Strength:** Voltaren Gel 1%**SIG:** Apply to affected area 3-4 times daily.**Qty.:** 100 gms**Refills:** _____☐ **Other** _____

Prescriber Name:	CHRISTOPHER INCE MD	NPI #:	_____
Lic. #:	_____	DEA#:	_____
Phone #:	817 328 1010	Fax#:	_____
Address: _____			
Signature (Note: Manual Signature Required for CS): _____			
Date: _____			

PATIENT	DOB	LAST 4 DIGITS OF SSN
EMILY WALTON		
Home Phone	Cell Phone	
Address		
City	State	Zip
Allergies		
Diag.		

Insurance info	
Carrier:	
Bin#	PCN#
Group #	
Member ID #	
Workers Comp	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOI	Claim #

PAIN-TRANSDERMAL**Any added controlled substances must be handwritten.****PAIN-TOPICAL****NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine2.5%
Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

NCP-9: Neuropathic & Chronic Pain

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%
Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

GPI-2: General Pain / Inflammation

Flurbiprofen20%
 Cyclobenzaprine 2%
 Baclofen 2%
Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

Reme-D

Topiramate2.5%
 Celecoxib 2%
 Gabapentin 5%
 Lidocaine 2%
 Duloxetine1.2%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

Renovo Pain Patch

Menthol 5%
 Capsaicin 0.0375%
SIG: Apply 1 patch to affected area 1-2 times daily as needed.
Qty: ☐ 30 count
☐ 60 count
☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

Camphomex Topical Spray

Menthol 10%
 Camphor 4%
 Histamine 0.025%
SIG: Apply 1-2 sprays, 3-4 times per day PRN pain
Qty: 240 gm
Refills: ☐ 3 ☐ 6 ☐ 12 _____

DERMATOLOGICAL**DERM-2: Topical Anti Fungal Cream**

Fluticasone1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm
☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

DERM-7: Plantar Fasciitis

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil
 Hydrochloride10%
Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

SCAR**Dermacin Rx SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm 0.1%
 Dermacin Rx Skin Repair Complex (Dimethicone) 5%
 Silicone Tape
SIG: Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.
Qty: 1 pack
Refills: ☐ 3 ☐ 6 ☐ 12 _____

Scar (transdermal)

Fluticasone1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
For painful scars, add:
 Prilocaine 3%
 Gabapentin 15%
For elasticity, add:
 Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

SPECIALTY**MGL-1A: Migraine**

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen10%
 Apomorphine 0.2%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm
☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

SCALP CARE - 3 Hair Solution

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Tretinoin 0.01%
For women:
 (No Finasteride)
SIG: Apply up to 2 mls to scalp 2 times a day
Qty: ☐ 120 ml
☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

GENERAL WELLNESS**Super-SB: General Wellness**

SB-1: 5-MTHF 500 mcg
 Alpha Lipoic Acid250 mg
 Coenzyme Q10100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E100 mg
 Glutathione100 mg
SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 _____
SB-2: Resveratrol Powder100 mg
 Pyridoxal-5-Phosphate ... 25 mg
 Beta Carotene 2,500 IU
SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules
Refills: ☐ 3 ☐ 6 ☐ 12 _____

METABOLIC SUPPLEMENTS**INSOMNIA****KP-1: Insomnia**

Melatonin 3 mg
 Methylcobalamin 5 mg
 N-Acetylcysteine 125 mg
 Glutathione 50 mg
 Diphenhydramine 20 mg
 5-HTP 150 mg
SIG: Take 1 capsule by mouth once daily at bedtime
Qty: 30 capsules
Refills: ☐ 3 ☐ 6 ☐ 12 _____

DIET SUPPLEMENT**ADP-6**

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidophilus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg
SIG: Take 1 capsule in the morning as directed
Qty: 30 capsules
Refills: ☐ 3 ☐ 6 ☐ 12 _____

BONE HEALTH**BH: Bone Health**

BH-1: Vitamin D3 5,000 IU
 Magnesium Oxide 200 mg
 Zinc Gluconate 69.6 mg
 Copper Gluconate 7.14 mg
 Boron 1 mg
 Betaine Anhydrous 25 mg
 Pyridoxal-5-Phosphate 70 mg
 Boswellia Serrata 200 mg
SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 _____
BH-2: Resveratrol 20 mg
 Calcium Gluconate 500 mg
 Coenzyme Q10 100 mg
 5-Methyltetrahydrofolate 500 mcg
SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 _____

☐ Other _____**Prescriber Name:** CHRISTOPHER INCE MD**NPI #:** _____**Lic. #:** _____**DEA#:** _____**Phone #:** 817 328 1010**Fax#:** _____**Address:** _____**Signature (Note: Manual Signature Required for CS):** _____**Date:** _____

Lidocin / Rexaphenac / Voltaren

Patient MICHELLE WALTON		DOB [REDACTED]	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

Lidocin☒ **Lidocin****Strength:** Lidocaine 3%**SIG:** Apply 1-2 pumps to affected area 3-4 times daily.**Qty.:** 240 gms**Refills:** 12**Rexaphenac Kit**☐ **Rexaphenac Kit****Strength:** Diclofenac..... 1%**SIG:** Apply 1 pump to affected area up to 4 times daily.**Qty.:** 120 gms**Refills:** _____**Voltaren**☐ **Voltaren Gel****Strength:** Voltaren Gel 1%**SIG:** Apply to affected area 3-4 times daily.**Qty.:** 100 gms**Refills:** _____☐ **Other** _____

Prescriber Name: CHRISTOPHER INCE MD **NPI #:** _____

Lic. #: _____ **DEA#:** _____ **Phone #:** 817 328 1010 **Fax#:** _____

Address: _____

Signature (Note: Manual Signature Required for CS): _____ **Date:** _____

PATIENT		DOB		LAST 4 DIGITS OF SSN	
MICHELLE WALTON					
Home Phone		Cell Phone			
Address					
City		State		Zip	
Allergies					
Diag.					

Insurance info	
Carrier:	
Bin#	PCN#
Group #	
Member ID #	
Workers Comp	Yes <input type="checkbox"/> No <input type="checkbox"/>
DOI	Claim #

PAIN-TRANSDERMAL**Any added controlled substances must be handwritten.****PAIN-TOPICAL****NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen20%
 Baclofen2%
 Cyclobenzaprine2%
 Gabapentin6%
 Lidocaine2.5%
Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

NCP-9: Neuropathic & Chronic Pain

Baclofen2%
 Cyclobenzaprine2%
 Gabapentin6%
 Lidocaine2%
 Diclofenac3%
Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

GPI-2: General Pain / Inflammation

Flurbiprofen20%
 Cyclobenzaprine2%
 Baclofen2%
Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

Reme-D

Topiramate2.5%
 Celecoxib2%
 Gabapentin5%
 Lidocaine2%
 Duloxetine1.2%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

Renovo Pain Patch

Menthol5%
 Capsaicin0.0375%
SIG: Apply 1 patch to affected area 1-2 times daily as needed.
Qty: ☐ 30 count ☐ 60 count ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

Camphomex Topical Spray

Menthol10%
 Camphor4%
 Histamine0.025%
SIG: Apply 1-2 sprays, 3-4 times per day PRN pain
Qty: 240 gm
Refills: ☐ 3 ☐ 6 ☐ 12 _____

DERMATOLOGICAL**DERM-2: Topical Anti Fungal Cream**

Fluticasone1%
 Fluconazole2%
 Pentoxifylline0.5%
 Lidocaine2%
 Hydroxyzine2%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

DERM-7: Plantar Fasciitis

Diclofenac5%
 Baclofen2%
 Fluticasone1%
 Lidocaine2%
 Verapamil10%
Add: _____
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

SCAR**Dermacin Rx SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm0.1%
 Dermacin Rx Skin Repair Complex (Dimethicone)5%
 Silicone Tape
SIG: Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.
Qty: 1 pack
Refills: ☐ 3 ☐ 6 ☐ 12 _____

Scar (transdermal)

Fluticasone1%
 Levocetirizine2%
 Pentoxifylline0.5%
For painful scars, add:
 Prilocaine3%
 Gabapentin15%
For elasticity, add:
 Hyaluronic Acid0.2%
 Vitamin D30.05%
 Vitamin C5%
 Estradiol0.1%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

SPECIALTY**MGL-1A: Migraine**

Topiramate5%
 Baclofen2%
 Cyclobenzaprine2%
 Lidocaine5%
 Flurbiprofen10%
 Apomorphine0.2%
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

SCALP CARE - 3 Hair Solution

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Retinoin 0.01%
For women: (No Finasteride)
SIG: Apply up to 2 mls to scalp 2 times a day
Qty: ☐ 120 ml ☐ _____
Refills: ☐ 3 ☐ 6 ☐ 12 _____

GENERAL WELLNESS**Super-SB: General Wellness**

SB-1: 5-MTHF500 mcg
 Alpha Lipoic Acid250 mg
 Coenzyme Q10100 mg
 Methylcobalamin20 mg
 EGCG50 mg
 Vitamin E100 mg
 Glutathione100 mg
SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 _____
SB-2: Resveratrol Powder100 mg
 Pyridoxal-5-Phosphate ... 25 mg
 Beta Carotene2,500 IU
SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 _____

METABOLIC SUPPLEMENTS**INSOMNIA****KP-1: Insomnia**

Melatonin3 mg
 Methylcobalamin5 mg
 N-Acetylcysteine125 mg
 Glutathione50 mg
 Diphenhydramine20 mg
 5-HTP150 mg
SIG: Take 1 capsule by mouth once daily at bedtime
Qty: 30 capsules
Refills: ☐ 3 ☐ 6 ☐ 12 _____

DIET SUPPLEMENT**ADP-6**

Methylcobalamin20 mg
 Coenzyme Q1075 mg
 5-HTP100 mg
 Acidophilus100 mg
 Bupropion50 mg
 Psyllium Husk100 mg
SIG: Take 1 capsule in the morning as directed
Qty: 30 capsules
Refills: ☐ 3 ☐ 6 ☐ 12 _____

BONE HEALTH**BH: Bone Health**

BH-1: Vitamin D35,000 IU
 Magnesium Oxide200 mg
 Zinc Gluconate69.6 mg
 Copper Gluconate7.14 mg
 Boron1 mg
 Betaine Anhydrous25 mg
 Pyridoxal-5-Phosphate70 mg
 Boswellia Serrata200 mg
SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 _____
BH-2: Resveratrol20 mg
 Calcium Gluconate500 mg
 Coenzyme Q10100 mg
 5-Methyltetrahydrofolate500 mcg
SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** ☐ 3 ☐ 6 ☐ 12 _____

☐ Other _____**Prescriber Name:** CHRISTOPHER INCE MD **NPI #:** _____**Lic. #:** _____ **DEA#:** _____ **Phone #:** 817 328 1010 **Fax#:** _____**Address:** _____**Signature (Note: Manual Signature Required for CS):** _____ **Date:** _____